



## CITY OF LODI

## COUNCIL COMMUNICATION

AGENDA TITLE: Communications (July 18, 1991 through July 30, 1991)

MEETING DATE: August 7, 1991

PREPARED BY: City Clerk

### RECOMMENDED ACTION:

#### AGENDA ITEM

#### RECOMMENDATION

J-2a

No action required - information only.

#### BACKGROUND INFORMATION:

A copy of an application for Alcoholic Beverage License **has** been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Minh H. Lam, Nhi **Luu**, and Long Tran and Lien Y. Vuong, New Shanghai, 100 East Pine Street, **Lodi**, California, On Sale Beer, Person to Person Transfer

100 East Pine Street is in a M-1, Light Industrial zone. This is an appropriate zoning for **this** type of Alcoholic Beverage Control license.

FUNDING: None required.

*Alice M. Reimche*  
Alice M. Reimche  
City Clerk

AMR/jmp

APPROVED. \_\_\_\_\_

THOMAS A. PETERSON

100  
recycled paper

# COPY

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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)**

To: Department of Alcoholic Beverage Control  
1901 Broadway  
Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for  
licenses described as follows:

**2. NAME(S) OF APPLICANT(S)**

LAM, Minh H./Nhi LUU

TRAN, Long/Lien Y. WUONG

**1. TYPE(S) OF LICENSE(S)**

RECEIVED  
991 JUL 22 AM 6 24  
ON SALE 24  
ALICE K. KENDRICK  
CITY CLERK  
CITY OF LODI

Applied under Sec. 24044 ☐  
Effective Date: Issuance

**FILE NO.****RECEIPT NO.**

**GEOGRAPHICAL  
CODE** 3902

**Date  
Issued**

**Temp. Permit**  
071445

**Effective Date:** 7-25-91

**3. TYPE(S) OF TRANSACTION(S)**

Per to Per

**FEE**

\$100.00

**LIC.  
TYPE**

40

**4. Name of Business**  
New Shanghai**5. Location of Business—Number and Street**  
100 E. Pine Street

**City and Zip Code**  
Lodi, 95240

**County**  
San Joaquin

**TOTAL**

\$100.00

**13. STATE OF CALIFORNIA**County of San JoaquinDate 7-19-91

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT  
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**County of San JoaquinDate 7-19-91

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**16. Name(s) of Licensee(s)****17. Signature(s) of licensee(s)****18. License Number(s)**

WONG, Donald

WONG, Jannie

40-08660

" "

**19. Location**  
Same

**Number and Street****City and Zip Code****County**

Do Not Write Below This Line; For Department Use Only

Attached: ☒ Recorded notice,  
☐ Fiduciary papers,  
☒ 280

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☐ Renewal: Fee of \_\_\_\_\_ Paid at \_\_\_\_\_ Office on \_\_\_\_\_ Receipt No. \_\_\_\_\_

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